) HHAIL

PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999

Application or Docket Number

09/629051

}					091001031						
		CLA		S FILED : Column 1)	SMALL TYPE	ENTITY	OR	OTHER THAN OR SMALL ENTITY			
FOR			NUMBER FILED		NUMBER	NUMBER EXTRA		FEE	7	RATE	FEE
BA	SIC FEE							345.00	OR	J. C	690.00
TOTAL CLAIMS				minus	20= * <i>UG</i>		X\$ 9=		OR	X\$18=	882-
INDEPENDENT CLAIMS 8 minus 3 = * 6							X39=			X78=	390-
ML	ILTIPLE DEPE	NDENT	CĻAIM P	RESENT			OR				
* If	the difference	in colu	ımn 1 is	less than z	+130=		OR		100		
					TOTAL	<u>L</u>	OR	TOTAL	1962-		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								ENTITY	OR	OTHER SMALL	
AMENDMENT A		REM	AIMS IAINING TER IDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	+		Minus	**	=	X\$ 9=		OR	X\$18=	
AME	Independent	*	OF M	Minus	PENDENT CLAIN	=	X39=		OR	X78=	
	TINOT FRESE	INTALL	JN OF MI	JUIPLE DE	PENDENT CLAIN	<u>/</u>	+130=		OR	+260=	
					•		TOTAL			TOTAL	
		(Col	umn 1)		: (Column 2)	_(Colùmn 3)	ADDIT. FEE	<u> </u>	JOR ,	ADDIT. FEE	L
			AIMS		HIGHEST	(Column 3)	<u></u>	V ******	51 6		
AMENDMENT B		AF	AINING TER IDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		X\$ 9=		OR	X\$18=	
	Independent	*		Minus	***	=	X39=		1 1	X78=	
	FIRST PRESE	NIATIC	ON OF MU	JLTIPLE DEI	PENDENT CLAIN	1	+130=	<u> </u>	OR		
									OR	+260=	
							TOTAL ADDIT. FEE		OR ,	TOTAL ADDIT, FEE	
_			ımn 1) Alms		(Column 2) HIGHEST	(Column 3)					
AMENDMENT C		REM/ AF	AINING TER DMEN!T		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**	=	X\$ 9=	155		X\$18=	_ FEE_
	Independent	*		Minus	***	=			OR		
_	FIRST PRESE	NTATIO	N OF MU	ILTIPLE DEP	PENDENT CLAIM		X39=		OR	X78=	
• If	the entry in colur	nn 1 is le	ess than the	+130=		OR	+260=				
****	the "Highest Nur the "Highest Nur	nber Pre nber Pre	viously Pai viously Pa	id For" IN THIS id For" IN THIS	S SPACE is less that S SPACE is less that	in 20, enter "20."	TOTAL ADDIT. FEE		OR A	TOTAL DDIT. FEE	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:

09/629051

Total Fee Calculation

		รื่องสำ				
	Fre Care	1 4 7 4 7	ិមាន២៩ គឺសភ	F	<i>F</i> · ·	- Tiest
Calle Educij Ess Farat Claims > 19 Indigendent Claims > 1 Mate Gez Claim Person Sarchurgs English Tearstation		<u>69</u>	49 5	2 A E 10.79	690 do 1800 1800	696.00 882.00 290.00
<u> ಗರ್ವಿಸಿಲ್ ೯೭೮ ರ ಸಿಲಿಧಿಸಲ್ಸು</u> ೯೭೯೫ ರಂತ ಆರಂಗ ಟೀಡ್ಕು ಚಿನ						2092.00
हैं निष्यो Filing Fees Ôge =	S	2,092	2.00			
Cess Filing Fees Submin	:cd - \$	0				- . -
BALANCE DUE Merry Office of Initial Jacons Ex	accion	1,092.0		·		
FORM OIPE-RAM-01 (Rev. 1	<i>2</i> 97)	Ligo	ire 7			